

To speed up processing time, order online at <http://www.ehealthsask.ca/vitalstats/births/OrderCertificate>

A readable photocopy of the applicant's identification MUST be submitted with this Application

Saskatchewan Birth Information			
Last Name at Birth (the last name at birth or adoptive name unless there has been a legal name change)		Given Name (s)	
Date of Birth Month Day Year	Place of Birth - City, town or village (If rural give land location), Saskatchewan		Is this application for someone who is deceased? <input type="checkbox"/> Yes <input type="checkbox"/> No
Mother's Last Name at Birth (use the last name at mother's birth or adoptive name unless there has been a legal name change)		Given Name (s)	
Date of Birth Month Day Year	Place of Birth - Canadian Province or Country if born outside of Canada		
<input type="checkbox"/> Father <input type="checkbox"/> Other Parent's last name at Birth <small>(note: all parties on the Registration will appear on the Birth Certificate) (use the last name at birth or the adoptive name unless there has been a legal name change)</small>		Given Name (s)	
Date of Birth Month Day Year	Place of Birth - Canadian Province or Country if born outside of Canada		

Product	
Type of Product Requested	
Birth Certificate Disclaimer: eHealth Saskatchewan cannot guarantee that a birth certificate without a sex designation will be accepted by other organizations.	
Quantity - MUST BE COMPLETED	
<input type="checkbox"/> SHORT FORM Certificate \$35 (does not include parental information) - Full Name of the Individual, Date of Birth, Place of Birth, Sex, Registration Number, Date of Registration, Date Certificate is Issued. <input type="checkbox"/> I do NOT want sex displayed on this birth certificate (optional)	
<input type="checkbox"/> LONG FORM Birth Certificate \$40 (includes parental information) - The same information that appears on the Standard Birth Certificate, and also parent information (if contained on the registration): Mother's Name and her Place of Birth, Father's Name and his Place of Birth. Note: A Long Form Birth Certificate is recommended for individuals under age 16. <input type="checkbox"/> I do NOT want sex displayed on this birth certificate (optional)	
<input type="checkbox"/> Copy of Registration of Live Birth (Not a birth certificate) \$55 - The information that appears on the original (legal) Registration of Live Birth. It is a copy of the registration printed on certified paper. Note: These are most commonly required for international purposes. Certified copies are not usually acceptable for personal identification.	
<input type="checkbox"/> Genealogical Copy of Registration of Live Birth \$55 - The information that appears on the original (legal) Registration of Live Birth. It is a copy of the registration printed on certified paper. This applies to births that occurred more than 100 years ago and stamped "For Genealogical Use Only".	

Applicant - the person who is completing this request. As "Applicant" you must provide the information below so you can be contacted if problems arise with this request. This contact information will be used for all correspondence and delivery purposes. Applicant must be 15 years old to apply for own birth certificate. Identification is required to obtain a Birth Certificate.	
Last Name	Given Name (s)
Complete Mailing Address (street name, city, province, state country)	Postal Code
Mailing Address for Certificate (if different from above)	Postal Code
Daytime Phone Number (including area code)	Email Address (optional)
Applicant's Relationship to Person Named on Certificate <input type="checkbox"/> Self <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other Parent <input type="checkbox"/> Other _____	
If Other is checked supporting documentation must be included. See 'Who Can Apply for a Birth Certificate' on information page	
I solemnly declare that, to the best of my knowledge, the information provided is accurate and that I am eligible to obtain the documents requested.	
 Applicant's signature (MANDATORY)	Date of application MM DD YYYY

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✉ Delivery Method

Note: Health Registries is not responsible for delays or lost items by Canada Post.

- Regular Mail (no additional charge) - delivered by Canada Post
- Pick up (no additional charge) Regina location - 2130 11th Ave., Regina, SK

- Urgent Service (additional \$30) - delivered by Courier

- Urgent Service (additional \$30) - pick up at Regina location

Note: If **urgent service** is requested the application must meet urgent service criteria:

a) Immediate Travel – the client has already booked their holiday. The client must provide proof of the booking (i.e. trip itinerary).

b) Emergency Travel – the client must travel due to personal emergency (i.e. family death occurred out of province).

Note: If requesting **urgent service** by courier please pay by Credit Card, Money Order or Certified Cheque.

- Regular Courier Service with tracking number (additional \$30)

If you do not meet urgent service criteria but wish to have your certificate delivered to you by courier

\$ Method of Payment

Note: Payments must be made in Canadian funds.

By Mail:

- Cheque / Certified Cheque - payable to eHealth Saskatchewan (orders paid by personal cheque will be delayed until cheque clears the bank)
- Money Order - payable to eHealth Saskatchewan

Visa 

MasterCard 

(Visa Debit and MasterCard Debit are not accepted)

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In person: 2130 11th Ave., Regina, SK

- Debit
- Cash

Payment Amount _____

M	M	Y	Y
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Expiry Date

Cardholder's Name

X

Cardholder's Signature (**MANDATORY**)

✓ Checklist

- I, the applicant, have provided legible photocopy(ies) of my Identification
- I have completed all sections of the form
- I have signed and dated the Applicant's Declaration
- I have included payment matching the product & delivery method selected
- I have ensured that the product(s) I've requested are the ones I require

In Person or By Mail:

Health Registries
 2130 11th Avenue, Regina, SK, S4P 0J5

By Email:

vitalstatistics@ehealthsask.ca

By Fax:

(306) 787-8951